BEST AVAILABLE COPY

· ·								16647037					
PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number					
	raish)	1841-00001											
CLAIMS AS FILED - PART ( (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TO	TAL CLAIMS		20					E	FEE	1	RATE	FEE	
FOR			NUMBER		NUMBER EXTRA		BASIC FEE 375.00		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 mir	านร 20=	. 1		X\$ 9=			OR	X\$18=	- 1,211	
INDEPENDENT CLAIMS			2 m	nus 3 =			X42=				X84=		
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+140=			OR			
* If the difference in column 1 is less than zero, enter "O" in column 2									· .	OR	+280=		
								۱.	376	OR	TOTAL		
(Column 1) (Column 2) (Column 3)								LL E	ENTITY .	OR	OTHER SMALL!		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER	PRESENT EXTRA	PAT	Ē٠	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>§</b>	Total	. /3	Minus	-2	U	-	X\$ 9			OR	X\$18=		
	Independent	. 9	Minus	<del></del> 3		- 6	X42:		364.0	DB.	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140		467.0		+280=		
								AL.	A	OR	TOTAL		
		ADDIT. FEE 264. BR PODIT. FEE											
		(Column 1) CLAIMS		(Colun	EST	(Calumn 3)		<b>-</b> T	ADDI-			ADDI-	
AMENDMENT B	Artina d	REMAINING AFTER AMENOMENT		PREVIO	USLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total ·	. 6	Minus	"	U_	• —	XS 9	-	_	ÒЯ	X\$18=		
	Independent	• 2	Minus	- 2	1		X42=			OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			+280=		
•								~		OR	TOTAL		
~	CY (Column 1) (Column 2) (Column 3)									OR	ADDIT. FEE		
		(Column 1) Claims		(Calum High		(Column 3)	_	·					
AMENDMENT C		REMAINING AFTER AMENOMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 0	Minus	** ~	2Q	- /	X\$ 9=	Т		OR:	X\$18=	/ ·	
	Independent	• 2	Minus	***	9	= / '	X42=	+		-	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	┪	<del> </del>	OR		/-	
* If the entry in column 1 is less than the entry in column 2, waite "0" in column 3.										OR.	+280=	1	
** If the "Highest Number Previously Paid For" NY THIS SPACE is less than 20, order "3."  **If the "Highest Number Previously Paid For" NY THIS SPACE is less than 20, order "3."  ADDIT. FEE  OR  ADDIT. FEE													
		cor Previously Pal					lound in the	app	ropriate box	in cot	umn t.	1	